01/09/2007 09:21

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PTO/SB/22 (09-06)
Approved for use through 03/31/2007. OMB 0651-0031
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PETITION	FOR EXTENSION OF TIME UNDER 3	Docket Number (Optional)							
	FY 2006	OBC-110,1							
	pursuant to the Consolidated Appropriations Act, 20								
Application (	7(110) 5)	Filed Jule ?	75 / 8003						
For Hoti	re Electroile (on position	With Gray	Lite Madini	<del>-e</del>					
Art Unit	1747 '		Examiner Werner, Laures.						
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.									
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):									
		<u>Fee</u>	Small Entity Fee	120					
X	One month (37 CFR 1.17(a)(1))	\$120	<b>\$60</b>	s_/00					
	Two months (37 CFR 1.17(a)(2))	\$450	\$225	\$					
	Three months (37 CFR 1.17(a)(3))	\$1020	\$510	\$					
	Four months (37 CFR 1.17(a)(4))	\$1590	\$795	\$					
	Five months (37 CFR 1.17(a)(5))	\$2160	\$1080	\$					
Applicant claims small entity status. See 37 CFR 1.27.									
A chec	A check in the amount of the fee is enclosed.								
Payment by credit card. Form PTO-2038 is attached.									
The Di	The Director has already been authorized to charge fees in this application to a Deposit Account.								
The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to									
Deposit Account Number 5 - 0 ( ) I have enclosed a duplicate copy of this sheet.									
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.									
I am the applicant/inventor.									
assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96)									
attomey or agent of record. Registration Number 57135									
attorney or agent under 37 CFR 1.34.									
}	1.A. Sodovska		Tana	92007					
<del>-  \\P</del>	Signature		Da	10 -					
	Kobert J. Sinb	oda	248-2	93-0440					
Typed or printed name Telephone Number									
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.									
Total	of forms are s	submitted.							

This collection of information is required by 37 CFR 1.136(a). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 6 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer. U.S. Patent and Tradomark Office, U.S. Department of Commerce, P.O. Gox 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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JAN 0 9 2007

PTO/SB/17 (07-06)
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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

FEE TRANSMITTAL  For FY 2006  Applicant claims small entity status. See 37 CFR 1.27  TOTAL AMOUNT OF PAYMENT  Check Credit Card Money Order None Other (please idensity):  Deposit Account Deposit Account Number, 05-1088  WARNING Information of the status of the		respond to a collection of information unless it displays a valid OMB control number									
Filtry Date For FY 2006    Applicant claims small entity status. See 37 CFR 1.27   Applicant claims small entity status. See 37 CFR 1.27   TOTAL AMOUNT OF PAYMENT (S)		Complete if Known									
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Applicant claims small entity status. See 37 CFR 1.27											
Applicant claims small entity status. See 37 CFR 1.27  TOTAL AMOUNT OF PAYMENT (\$) Attorney Docket No. OBC-110.1  METHOD OF PAYMENT (check all that apply)  Check Crodit Card Money Order None Other (please identify):  Deposit Account Deposit Account Number (05-1088 Deposit Account Name: Energy Conversion Devices)  For the above-dentified deposit account, the Director is hereby authorized to: (check all that apply)  Charge fee(s) indicated below Charge fee(s) indicated below Charge any additional fee(s) or underpayments of fee(s)  Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee  Charge any additional fee(s) or underpayments of fee(s)  Charge fee(s) indicated below, except for the filing fee  Charge fee(s) indicated below, except for the filing fee  Charge fee(s) indicated below, except for the filing fee  Charge fee(s) indicated below, except for the filing fee  Charge fee(s) indicated below, except for the filing fee  Charge fee(s) indicated below, except for the filing fee  Charge fee(s) indicated below, except for the filing fee  Charge fee(s) indicated below, except for the filing fee  Charge fee(s) indicated below, except for the filing fee  Charge fee(s) indicated below, except for the filing fee  Charge fee(s) indicated below, except for the filing fee  Charge fee(s) indicated below, except for the filing fee  Charge fee(s) indicated below, except for the filing fee  Charge fee(s) indicated below, except for the filing fee  Charge fee(s) indicated below, except for the filing fee  Charge fee(s) indicated below, except for the filing fee  Charge fee(s) indicated below, except for the filing fee  Charge fee(s) indicated below, except for the filing fee  SPARCH FEES  Filing Fee (s) Small Entity  Fee (s) Small Entity  Fee (s) Fee (s) Fee (s)  Fee (s) Fee (s) Fee (s)  Fee (s) Fee (s)  Fee (s) Fee (s)  Fee (s) Fee (s)  Fee (s) Fee (s)  Fee (s) Fee (s)  Fee (s) Fee (s)  Fee (s)  Fee (s)  Fee (s)  Fee (s)  Fee (s)  Fee (s)  Fee (s)  Fee (s)  Fee (s)  Fee (s)  Fee (s)  Fee (s)	FOI										
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METHOD OF PAYMENT (check all that apply)	TOTAL AMOUNT OF PAYA	MENT (S)	()-2)								
Check Crodit Card Money Order None Other (please identify):    Deposit Account Deposit Account Number 05-1068	TOTAL PRINCE OF TAIN		170		Attorney Docket	No. O	BC-11	0.1			
Deposit Account Deposit Account Number 05-1068 Deposit Account Name: Energy Conversion Devices  For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)    Charge fee(s) Indicated below	METHOD OF PAYMENT	(check all	that apply)						·		
For the above-Identified deposit account, the Director is hereby authorized to: (check all that apply)    Charge fee(s) indicated below	Check Credit C	ard D	Soney Order	Non	e Other (p	lcase identi	fy):	ý.			
Therefore(s) Indicated below  Charge fee(s) indicated below. Charge fee(s) indicated below, except for the filing fee  Charge any additional fee(s) or underpayments of fee(s)  Credit any overpayments  WARNING: Information and substitution on this form may become public. Credit card information and substitution on this form may become public. Credit card information and substitution on this form may become public. Credit card information and substitution on this form may become public. Credit card information and substitution on this form may become public. Credit card information should not be included on this form. Provide credit card information and substitution on this form. Provide credit card information in the formation in the formation in the feet (a) and information should not be included on this form. Provide credit card information should not be included on this form. Provide credit card information should not be included on this form. Provide credit card information should not be included on this form. Provide credit card information should not be included on this form. Provide credit card information should not be included on this form. Provide credit card information should not be included on this form. Provide credit card information should not be included on this form. Provide credit card information should not be included on this form. Provide credit card information should not be included on this form. Provide credit card information should not be included on this form. Provide credit card information should not be included on this form. Provide credit card information should not be included on this form. Provide credit card information should not be included on this form. Provide credit card information should not be included on this form. Provide credit card information should not be included on this form. Provide credit card information should not be included on this form. Provide credit card information should not be included on this form. Provide credit card information should not be incl	Deposit Account De	posit Account	Number: <u>05-1068</u>		Deposit Ac	count Name	: Ene	rgy Conv	ersion Devices		
Charge any additional fee(s) or underpayments of fee(s)	For the above-identifi	ed deposit a	ccount, the Director	is here	eby authorized to	: (check all	that ap	ply)			
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.    FEE CALCULATION	✓ Charge fee(s)	indicated bel	ów		Charg	e fee(s) ind	ficated	below, exc	ept for the filing fee		
MARNING				s of fee	e(s) 🗸 Credit	any overpa	zymen:	ts .			
Information and authorization on PTO-2038.   FEE CALCULATION	WARNING: Information on this	form may bed	/ xome public. Credit ca	ard info					vide credit card		
Application Type	Information and authorization of	n PTO-2038.									
Filling FEES   Fee (\$)   Fee (\$)											
Application Type	1. BASIC FILING, SEAR				====						
Design		Sr		SEAR		EXAMIN					
Design   200   100   100   50   130   65					Fee (\$)	Fee (\$)			Fees Paid (\$)		
Plant   200   100   300   150   160   80	-		150	500	250	200	10	00			
Reissue 300 150 500 250 600 300  Provisional 200 100 0 0 0 0 0 0  2. EXCESS CLAIM FEES  Fee Description  Each claim over 20 (including Reissues)  Each independent claim over 3 (including Reissues)  Multiple dependent claims  Total Claims  Extra Claims  Extra Claims  Fee (\$) Fee Paid (\$)  Multiple Dependent Claims  Fee (\$) Fee Paid (\$)  Fee Paid (\$)	_	200	100	100	50	130	6	55			
Provisional 200 100 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		200	100	300	150	160	8	30			
2. EXCESS CLAIM FEES Fee Description Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues) Each independent claim over 3 (including Reissues)  Fee (\$)	Reissue	300	150	500	250	600	30	00			
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Each claim over 20 (including Reissues)  Each independent claim over 3 (including Reissues)  Multiple dependent claims  Total Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  Multiple Dependent Claims  Fee (\$)  Fee Paid (\$)  See Paid (\$)  Short Specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$2.50 (\$12.5 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S. C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Shoets  Extra Sheets  Number of each additional 50 or fraction thereof.  Fee (\$)  Fee Paid (\$)  Fee		3									
Each independent claims over 3 (including Reissues)  Multiple dependent claims  Total Claims  Extra Claims  Pee (\$) Fee Paid (\$)  HP = highest number of total claims paid for, if greater than 20.  Indep. Claims  Extra Claims  Fee (\$) Fee Paid (\$)  Indep. Claims  Extra Claims  Fee (\$) Fee Paid (\$)  Sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Extra Sheets  Number of each additional 50 or traction thereof  Fee (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Total Sheets  Fee (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Total Sheets  Registration No.  (Altomey/Agent)  Fees Paid (\$)  Telephone 248-293-0440		cluding Re	issues)				+				
Total Claims  -20 or HP =   x   =   Fee (\$)   Fee Paid (\$)    HP = highest number of total claims paid for, if greater than 20.  Indep. Claims   Extra Claims   Extra Claims   Fee (\$)   Fee Paid (\$)    -3 or HP =   x   =      HP = highest number of independent claims paid for, if greater than 3.  APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee duc is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets   Extra Sheets   Number of each additional 50 or fraction thereof   Fee (\$)   Fee Paid (\$)    -100 =   /50 =   (round up to a whole number)   x   =				s)							
- 20 or HP =   x   =   Fee (\$)   Fee Paid (\$)    HP = highest number of total claims paid for, if greater than 20,   Indep. Claims   Extra Claims   Fee (\$)   Fee Paid (\$)    - 3 or HP =   x   =        - 3 or HP =                HP = highest number of independent claims paid for, if greater than 3.  APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer tistings under 37 CFR 1.52(e)), the application size fee duc is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets   Number of each additional 50 or fraction thereof   Fee (\$)   Fee Paid (\$)    -100 =     /50 =   (round up to a whole number)   x   =    Help = highest number of independent claims paid for, if greater than 20,    Indep. Claims   Fee Paid (\$)    Total Sheets   Extra Sheets   Number of each additional 50 or fraction thereof   Fee (\$)   Fee Paid (\$)    Fee Paid (\$)								360	180		
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Indep. Claims   Extra Claims   Fee (\$)   Fee Paid (\$)    - 3 or HP =   x		laims paid for.					Ŀ	ee (5)	Fee Paid (\$)		
HP = highest number of Independent claims paid for, if greater than 3.  3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee duc is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  - 100 = /50 = (round up to a whole number) x  OTHER FEE(S)  Non-English Specification, \$130 fee (no small entity discount)  Other (e.g., late filing surcharge): 1 MQ Extension of Time  Registration No. (Aktomey/Agent)  Registration No. (Aktomey/Agent)  Telephone 248-293-0440	Indep. Claims			Fee	<u> </u>						
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee duc is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets    Strip Sheets		ndent claims r	x =	2					,		
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Non-English Specification, \$130 fee (no small entity discount)  Other (e.g., late filing surcharge): 1 MO Extension of Time  DEMITTED BY  Grature  Registration No. (Attorney/Agent) 58,135  Telephone 248-293-0440											
Non-English Specification, \$130 fee (no small entity discount)  Other (e.g., late filing surcharge): 1 MO Extension of Time    IBMITTED BY   Registration No. (Altomey/Agent)   September 248-293-0440											
Other (e.g., late filing surcharge): 1 MQ Extension of Time    IBMITTED BY   Registration No. (Altomey/Agent)   Selephone 248-293-0440	I. OTHER FEE(S)  Non-English Specification. \$130 fee (no small entity discount)										
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	ame (Print/Type) Robert J. Svoboda							Date January 9, 2007			

Name (Print/Type) Robert J. Svoboda This collection of information is required by 37 CFR 1.136. The Information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the Individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patont and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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